

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. SNEED**

Mailing Address 8202 THORNWOOD RD

City	State	Zip Code
LOUISVILLE	KY	40220-2886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.421853**

Date of Receipt

**09 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**B. Full Name (Last, First, Middle Initial)**

**MR. RICHARD M. SNEED**

Mailing Address 8202 THORNWOOD RD

City	State	Zip Code
LOUISVILLE	KY	40220-2886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BUSINESS OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.564106**

Date of Receipt

**09 / 23 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**C. Full Name (Last, First, Middle Initial)**

**MRS. ANNE M. SNELLING**

Mailing Address 5699 MIRAMAR DRIVE

City	State	Zip Code
FRISCO	TX	75034-5949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4050.00

**Transaction ID : SA17.240013**

Date of Receipt

**07 / 13 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....